

Seeing is Believing

Case study guidelines

As Seeing is Believing has evolved, so has its impact on healthcare systems across the globe. Case studies are a key way for us to demonstrate the wider societal value of SiB, and the tangible impacts that our projects are making in eye care provision across the region.

Strong case studies help us to engage and inspire Bank staff, NGO partners and eye health workers alike; raising awareness of avoidable blindness as well as valuable funds to support our projects. Please follow the guidelines below to help you capture great stories.

Key checklist

- ✓ Entries should ideally be between 400 and 800 words.
- ✓ Attach at least one high resolution photograph (jpeg) to accompany the case study. Please refer to the photography guide for help on how to take a great photo.
- ✓ Get permission from the patient/parents for their story and photograph to be used.
- ✓ Ensure your story demonstrates your project's impact both on society and an individual.
- ✓ Write your case studies as a narrative – not a Q&A.
- ✓ Keep the language simple, avoiding technical language.

Essential elements for your case study

1. Start your story with an example of a person whose life has been changed by the project.

- This could be a patient who has received treatment for their visual impairment, or indeed a doctor/nurse who has received training and support from SiB.
- Aim to capture your story a while after treatment/training to capture the true impact of the intervention on their life, focussing on at least one of the following areas:
 - Economically e.g. life, work, income, livelihood
 - Educationally e.g. ability to go back to school
 - Life skills e.g. computer training
 - Family impact e.g. freeing up carers to earn a living, enabling domestic work
- See Appendix A for some questions to support your interview with a project beneficiary.

2. Provide some situational context

- Provide a few lines of context as to the situation in the country/area before the SiB project, explaining why the project was so needed.
- Think about whether eye care services were previously available and affordable, and what the specific challenges were for people accessing quality eye care in the project locations.

3. The impact of SiB

- Talk briefly about how the SiB project has addressed some of the challenges above.
- Focus on what the project is aiming to achieve/change through the project, anything unique about its approach, and any particular successes you want to highlight.

4. What does the future hold?

- Talk about how the services will be sustainable after the project ends, and how has the situation in the country/area has been changed and improved because of the project?

[Click here to visit the SiB website to see how our case studies are used](#), and see Appendix B for an example case study from our SiB Sightsavers India project.

Appendix A: Questions/Prompts to help you interview a project beneficiary

Patient

Situation/background

- What's your full name, age and gender? Do you have any children or siblings?
- What's causing your visual impairment? How long have you had the problem?
- What does your visual impairment stop you from doing? How does this impact your family /work/school?
- What were the eye-care facilities like in your community? Why could you not go and find help before?
- What is your situation e.g. work, employment, school

What action took place?

- How did you hear about the eye-care centre or event?
- How was your visual impairment treated?
- Who helped you? (e.g. was it a doctor/community health worker/other)
- How much was the service? Was it affordable for you?

What is the result and impact?

- What can you now do that you couldn't before? Are you able to return to work/school?
- What was the impact on your family?
- How has this made you and your family feel now that you can see again?
- Has it affected your future aims, and how?

Quotes from the individual

- Using the questions above, try to gather a strong quote(s) from your case study interviewee.

Community health workers/doctors/nurses

- What's your full name and what is your role in the hospital/community?
- How long have you worked in eye-care?
- What training/support have you received from SiB? What training have your colleagues received?
- What has this enabled you to now do that you couldn't before? How has the project improved the service you can deliver?
- What changes do you now see in the community's attitude to eye problems?
- What infrastructure/consumables support has your eye clinic received?
- How have the services you have delivered been improved by SiB e.g. quality of services or quantity of patients seen. What has changed because of SiB?
- What's your goal as a doctor/nurse for the community where you work?
- How do you see the clinics future services? What are your future hopes?

Appendix B: Bringing eye health to the most marginalised tribal communities of Sunderbans

Mukundu is 63. In his own village in Sunderbans, and in many villages beyond, he has a reputation as one of the finest builders in the area. But in the last few years, his deteriorating eyesight has made it much harder for him to maintain his standards. He began to make mistakes, reading measurements incorrectly, or mixing materials in the wrong quantities. As the mistakes continued, his losses increased, with customers requiring compensation for the low quality work. Over time, the situation pushed him into depression.

A vulnerable population

Mukundu's village is located in Sunderbans, known in India as an area of extreme poverty. According to the 2011 census, more than 40% of households live below the poverty line. 13% are officially declared the poorest of the poor. With this socio-economic makeup, the population is one of the most vulnerable.

In one area, the community health workers of the Sunderbans Eye Health Service Strengthening Project are working with two tribal communities known as Sabar and Santhal. Before India gained independence, these tribes migrated as labourers from Mayurbhanj, Odisha (a neighbouring state of West Bengal) to clear the forest area. Over generations, *Santhals* have raised their socio-economic conditions, but the *Sabar* tribe still live in their isolated communities, with low levels of education, and fishing and farm labouring their only sources of income.



Mukundu is happy to be able to mend his fishing net again.

Building trust



CHWs meeting in a Sabar community.

Making inroads in these communities has been a challenge for the Community Health Workers (CHWs) of the project. Initially, there was fierce resistance. The health workers weren't welcomed, trusted or wanted. After all, these are communities known for their knowledge of traditional medicine and Ayurveda. But, after almost two years of awareness events, home visits and interaction with the community leaders, the CHWs succeeded in gaining the trust of the tribal groups.

When Kartick, one of the Community Health Workers, found Mukundu and explained that not only would a simple surgery help him regain his vision, but that the cost of the surgery would be covered by Seeing is Believing, Mukundu exclaimed that his prayers had been answered. Kartick accompanied Mukundu to the vision centre in Pathar Pratima, where he was taken to the base hospital for an ultimately successful surgery.

With his eyesight restored, Mukundu is back to work. More importantly, he has regained his reputation as one of the best tradesmen in the area.

So far, six members of the community have had surgery to restore their eyesight, and more people with surgery needs have been identified. To help even more people, a series of eye screening camps will soon take place, supported not only by the community leaders, but also by those who have already benefited from the project, including Mukundu.